

THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNA."

VOL. XI.
[NEW SERIES.]

LOUISVILLE, KY., FEBRUARY 14, 1891.

No. 4.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Articles.

THE TREATMENT OF ENDOMETRITIS.*

BY J. F. PURDOM, M. D.

The treatment of endometritis is necessarily a broad subject, comprehending as it does every degree of inflammation to which the mucous membrane of the uterus is subject, from the external os to the fundus of the organ, be the cause what it may. Furthermore, it is a subject upon which there is a diversity of opinion, and to give any thing like a complete synopsis of the literature on the subject would be a heavy task and make heavy reading, consequently I shall offer only a few conclusions drawn from the literature of the subject and a country practice.

In the first place all inflammations are acute in the beginning, and our greatest success follows early appropriate treatment. In private practice the majority of cases of endometritis have parturition, abortion, or disturbed menstruation as the exciting cause, while the disease is preceded or accompanied by some degree of metritis, occurring most frequently in patients with a constitutional predisposition to inflammation of the mucous membrane. To be sure there are many other conditions, any one of which may act as the exciting cause of endometritis, such as displacements of the uterus, ill-fitting pessaries, efforts to prevent conception, intemperate coition, syphilis, gonorrhea, improper use of the sound, etc. Yet, when the disease is from any of these causes, we find it

either preceded or accompanied by inflammation of some contiguous tissue.

The very nature of the etiology, differing so widely in different cases as it does, necessarily makes each case of endometritis a subject within itself, and furnishes us with an underlying principle that should govern us in the investigation and treatment of every case; namely, that we adjust carefully our treatment both local and general to meet the indications of the case in hand. And just here I think we find a reason for the existing wide diversity of opinion with reference to the treatment of endometritis.

The general principle upon which perhaps all men in the profession are agreed is the attempt to establish a healthy state of the assimilative and eliminative functions of the body, upon which a healthy balance of the nervous system so much depends. But the effort to accomplish the results above referred to necessarily leads to a special line of treatment in each case.

It may be possible that acute corporeal endometritis may exist independently of cervical endometritis, but such a condition is never seen in chronic cases. Cases of cervical endometritis are greatly in excess of those of corporeal endometritis; but the infrequency of the latter detracts nothing from its importance.

A case of simple acute endometritis, cervical or cervico-corporeal, without septic infection, or laceration requiring operative procedure, will generally yield to very simple treatment, such as rest in bed, and a liberal dose of calomel, followed by saline cathartics—a free vaginal douche of hot water every four to six hours for the first twenty-four or forty-eight hours, after which the uterus, if displaced, should be carefully replaced and retained in position by tampons of absorbent cotton saturated with glycerine and borate of soda, the hot douche being

*Read before the Central Kentucky District Medical Association, July 16, 1890.

also taken a mixture containing iodide of potassium and magnesium sulphate. We have not used isolation and massage, the value of which we have so often demonstrated in female hysterical patients, because we have no male isolation ward in which it could be carried out, but we have no doubt it would prove equally effective.—*Dr. Robt. Saundby, Ibid.*

MYXEDEMA RELIEVED BY GRAFTING WITH THE THYROID.—Myxedema is a curious affection in which the features become broad, flattened, and expressionless. The eyes appear too wide apart, the wings of the nose are thick, the lips large, the loose tissue below the eyes increased and folded, and heavy folds of connective tissue form under the jaws and in the neck. The tongue also undergoes enlargement and interferes with articulation, while the hands are broad and spade-like. The person affected gradually becomes less active mentally and physically, the prevailing mood being one of placid indifference and apathy.

Several varieties of myxedema have been described: Myxedema of adults (pachydermic cachexia of Charcot); operative myxedema of Reverdin (cachexia strumipriva of Kocher); and idiocy with pachydermic cachexia of Bourneville and Bricon, the sporadic cretinism of English writers. The link which unites these varieties is absence of the thyroid body, or its disappearance as the result of disease or surgical operation. Kocher found that removal of the thyroid for goitre, which is so common in Switzerland, resulted in producing a condition very similar to cretinism in the adult; and Horsley produced a similar condition by removing the thyroid in monkeys. Following these experiments, Schiff went a step further by making the first graft of a thyroid. His purpose was to prove that the thyroid has chemical and hematopoietic functions independent of its position. He showed this by transplanting to the peritoneal cavities of several dogs, some time before doing thyroidectomy on them, portions of a thyroid from another dog. The result was satisfactory: the animals survived thyroidectomy without presenting the phenomena usually provoked in animals by ablation of the thyroid. Eiselsberg confirmed Schiff's experiments, employing cats instead of dogs, and adding the important observation that the death of the animal from thyroidectomy is prevented only when the graft of another portion of thyroid succeeds.

If the grafting of a portion of thyroid prevents the results of thyroidectomy in animals, why should it not prevent or overcome myxedema in human beings? asked Horsley, in the *British Medical Journal*, February 8, 1890.

Lannelongue, as described in an editorial in the *Reporter*, April 12, 1890, undertook to accomplish this, and it has been tried also by Bircher, Kocher, and others. In *Le Mercredi Médical*, November 19, 1890, Merklen and Walther give a review of the cases in which grafting with the thyroid for myxedema has been done, and report in detail a case of their own. The patient was a woman, forty-one years old, who had had myxedema for ten years. Metrorrhagia preceded by ten years the development of myxedema, and had never ceased since the occurrence of the latter. Walther, at the request of Merklen, transplanted one of the lobes of a thyroid from a sheep into the sub-mammary region on the right side of the patient. The operation was done so that only a few seconds elapsed between the removal of the portion of thyroid from the sheep and its insertion into the patient.

The metrorrhagia from which the patient suffered ceased three days after the operation, and had not been reproduced up to the time of the report, seventy-two days subsequent to the operation. At the same time there was a remarkable improvement in the patient's myxedema; the outward evidences of the disease became less conspicuous, speech was much more distinct, and the patient could walk easily and quickly about the ward, whereas several weeks before it had required fifteen minutes for her to make the tour of the ward.

The exact future of this operation can not be predicted at present. It is perhaps a step in the right direction; and while those who may require it are unquestionably more numerous in Europe than in this country, there is no impropriety in calling attention to it here. One thing deserves mention before leaving the subject; in some of the cases in which grafting has been done, the transplanted thyroid has, after a time, atrophied, the symptoms of myxedema have reappeared, and a second grafting has been necessary. In Merklen's case, also, the transplanted thyroid, when last examined, appeared to have diminished somewhat in volume. Perhaps later experience will avoid the disappearance of the graft by indicating a better seat for it —*Med. and Surg. Reporter.*

THE EMPLOYMENT OF PILOCARPINE IN CERTAIN AFFECTIONS OF THE EAR, AND THE ABUSES OF THIS REMEDY.—The favorable results obtained in a series of cases of severe eye affections, particularly of acute irido-cyclitis, hemorrhages into the anterior chamber of the eye and opacity of the vitreous body, induced me in 1879 to give this remedy a trial, selecting, to begin with, several cases of labyrinth